No. 300
10-48

FILED JAN 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40190

State File No.

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 126

272
0

1. PLACE OF DEATH
a. COUNTY Cooper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boonville
c. LENGTH OF STAY (in this place) 8 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Mo.
b. COUNTY Howard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) New Franklin Mo.
d. STREET ADDRESS (If rural, give location) 0450

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) DELLA c. (Last) HARRIS

4. DATE OF DEATH (Month) (Day) (Year) Dec 26 1950

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Feb. 6-1885

9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY at Home

11. BIRTHPLACE (State or foreign country) Howard Co. Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Overstreet

13b. MOTHER'S MAIDEN NAME Ollie Kinsey

14. NAME OF HUSBAND OR WIFE Olie Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Olie Harris New Franklin

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma Lung — INTERVAL BETWEEN ONSET AND DEATH 23 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____ 1631

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Peritoneal cavity Metastatic carcinoma 8 mo

19a. DATE OF OPERATION 3-1-49

19b. MAJOR FINDINGS OF OPERATION Carcinoma of Lung Rt

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 11, 1949, *to* Dec 26, 1950, *that I last saw the deceased alive on* Dec 25, 1950, *and that death occurred at* 4 A m., *from the causes and on the date stated above.*

23a. SIGNATURE L. L. Chamberlain (Degree or title) M.D.

23b. ADDRESS New Franklin Mo

23c. DATE SIGNED Dec 29-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Dec. 28-50

24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant

24d. LOCATION (City, town, or county) (State) New Franklin Mo.

DATE REC'D BY LOCAL REG. 12-29-50

REGISTRAR'S SIGNATURE Dr Hooper 381

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. L. Hall New Franklin Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-2-51
DISTRICT HEALTH OFFICE No. 3
District File Number ----------
Date Filed 1-2-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .....,
working under my personal supervision.

Signed L. L. Lee

Signed .....
Student Embalmer

Licensed Embalmer No. 3515

P. O. Address New Franklin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.